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ENROLLING TEENAGE AFDC PARENTS
IN MANDATORY EDUCATION AND
TRAINING PROGRAMS:

LESSONS FROM THE TEENAGE
PARENT DEMONSTRATION

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ENROLLING TEENAGE AFDC PARENTS IN MANDATORY EDUCATION AND TRAINING PROGRAMS

Since 1986, the States of New Jersey and Illinois have been conducting the Demonstration of Innovative Approaches to Reduce Long Term AFDC Dependency Among Teenage Parents--also known, and referred to here, as the Teenage Parent Demonstration. The experiences of the two States in operating this demonstration program of education and training services for teenage parents provide valuable lessons for other jurisdictions as they develop initiatives to serve adolescent parents under the provisions of the Family Support Act of 1988. This report is the first in a series focusing on various aspects of program design and operations.¹ It describes the demonstration conducted by the two States, summarizes the characteristics of the teenage parent AFDC population in the New Jersey and Illinois demonstration sites, and describes how this population compares to teenage parents subject to the requirements of the federal Job Opportunities and Basic Skills (JOBS) Training program created by the Family Support Act. The report then presents lessons from the Teenage Parent Demonstration on the first steps in service delivery--the process of identifying teenage AFDC recipients and promoting their enrollment and active participation in the initial stages of program activity. Even in a mandatory program that requires participation, bringing teenage parents into the program can be a major operational challenge.

MAJOR LESSONS FROM THE TEENAGE PARENT DEMONSTRATION

Experiences with the Teenage Parent Demonstration have led demonstration staff and Mathematica Policy Research, Inc., the evaluator of the demonstration, to several operational guidelines concerning identification and enrollment of teenage parents. These are summarized below, along with brief comments on how these guidelines are relevant to implementation of the JOBS program:

- o Demonstration staff saw important advantages in identifying and referring teenage parents to the program as rapidly as possible after the birth of the teenager's child or, if possible under applicable policy, even during pregnancy. States' ability to adhere to this guideline in the JOBS program will be limited by rules which exempt children under 16, all children attending full-time school, and pregnant individuals. States may, however, be able to recruit teenagers in these categories as early as possible for voluntary participation. Prompt identification and referral for mandatory participants is viewed by demonstration staff as an

¹Subsequent papers in this series will present findings concerning the provision of education and training activities, enforcement of mandatory participation requirements, the role of the case manager, and other topics.

important way of preventing school dropout, repeat pregnancies, and inadequate parenting.

- o The demonstration experience showed that, as in any selection and referral process, manual identification of teenage parents by income maintenance (IM) eligibility workers can be **subject to error**, particularly with regard to teenage mothers who are themselves dependent children in an AFDC case. It is useful to establish monitoring procedures to ensure consistent identification. JOBS rules require an IM staff role in orientation about the JOBS program. To the extent that a state JOBS program includes special services for teenagers, or requires IM workers to identify teenage parents for other reasons, attention to accurate manual identification will be important.
- o To the extent that a state program requires referral of teenage parents, or their identification as a target group, it is useful for computerized assistance files and related procedures to provide for explicit identification and coding of relationships between children and parents, particularly to link children and teenage mothers who are dependent children in an AFDC case.
- o Persistent enforcement of mandatory participation requirements for teenage parents was found by demonstration staff to be useful. Some teenage parents were at first very resistant to participation, but when confronted with active, committed staff and a clear explanation of the consequences of noncompliance, some initially reluctant individuals became more motivated and benefitted from the program.
- o Program procedures can promote attendance at the initial program session. Demonstration staff found the following features to be helpful: flexible **scheduling** of initial activities, provision of on-site child care, sending separate notifications to case **payees** if the teenage parent is a dependent child, **and** systematic tracking of intake attendance and non-response.
- o Demonstration staff found that initial meetings with teenage parents should be conducted in an atmosphere that conveys the program staff's interest in helping and supporting the participants, but that also clearly conveys the teenage parent's obligation to participate and the immediate next steps in participation.

THE TEENAGE PARENT. DEMONSTRATION

In September **1986**, the Office of Family Assistance (**OFA**) of the U.S. Department of Health and Human Services (DHHS) awarded grants to the States of New Jersey and Illinois to establish and operate demonstration

programs of innovative approaches to reducing long-term welfare dependency among teenage parents receiving AFDC. Teenage Parent Demonstration (TPD) programs were implemented in the fall of 1987, as the **Teen Progress** program in Camden and Newark, New Jersey, and as **Project Advance** in the south side of Chicago, Illinois. The general features of these programs are reflected in some of the major provisions concerning adolescent parents in the Family Support Act and the Job Opportunities and Basic Skills (JOBS) Training program it created.

In these sites, all teenage parents of a single child who began receiving AFDC for the first time for themselves and their child were required to attend a baseline intake session, and were then randomly assigned, for evaluation purposes, to program or control status. Those assigned to program status were required to participate in appropriate education, training, or employment activities as long as they were receiving AFDC. The programs provided case management support, child care assistance, allowances for transportation and other training-related expenses, and a variety of workshops designed to develop the teenagers' personal life skills, motivation, and readiness to pursue continued education, training, or employment. Those assigned to control status could not receive the special services of Teen Progress and Project Advance, and were not required to participate in education, training or employment, but were free to pursue other sources of training and education on their own.

Through December 1989, a total of 5,752 eligible teenage parents had been identified and referred to the demonstration in the three sites (1,104 in Camden, 1,223 in Newark, and 3,425 in **Chicago**).² The process of **identifying** teenage parents and getting them to attend the mandatory baseline intake session required careful operational design and close program management. It became clear in the demonstration that without an effective "front-end" to **identify** teenage parents and enforce requirements for the first step into the program, the concept of a universally applicable mandatory program is unlikely to be fully realized. Although JOBS program rules define the population of teenage participants somewhat differently, the demonstration experiences of New Jersey and Illinois can be viewed as useful guidance for implementation of JOBS program features concerning teenage parents.

CHARACTERISTICS OF TEENAGE PARENTS ON AFDC

The demonstration programs have focused on a teenage parent population that is in some ways more narrowly defined, and in some ways more broadly

²Project Advance completed intake for the research sample in September 1989, and Teen Progress in March 1990. All sites have continued operating their programs and enrolling new participants (who will not be included in the research sample), in order to maintain the program environment affecting the research sample. In the Chicago site, the total number of eligible referrals includes approximately 120 such referrals made after September 1989.

defined, than the teenage population that will be subject to mandatory participation in the JOBS program. The demonstration population consisted of teenagers (under 20) who were providing care for a single child, and who were receiving AFDC for the first time for that child. These teenage parents could be heads of household, receiving AFDC on their own, or could be included in the AFDC case of a parent or other relative. The target population of teenage parents required to participate in the demonstration was more broadly defined than is true for the JOBS program, in that: (a) it included teenage parents regardless of their age, whereas JOBS rules exempt parents under 16; (b) it included teenage parents who were attending school at the time of referral, whereas JOBS rules exempt all AFDC dependent children if they are attending school or training full-time; and (c) it included teenage parents with children of any age, whereas JOBS rules apply to teenage parents with children under the age of three (or a lower age, down to one year, at state option) only if the teenage parent is out of school and does not have a high school diploma. On the other hand, the demonstration rules excluded some teenage parents who would have been required to participate under the JOBS rules: teenage parents who had more than one child when they began receiving assistance, or who had previously received AFDC with their child.

Despite these differences, and the likely variations in the characteristics of the teenage parent population across jurisdictions, the demonstration experience can provide some useful approximations of the likely size of the teenage population that will have to be accommodated in the JOBS program. The demonstration also yielded useful data on the teenage AFDC population, with regard to age **distribution**, rates of ongoing school attendance, skill levels, and other characteristics.

*Teenage **Parents are** a Small Segment of **AFDC Applicants***

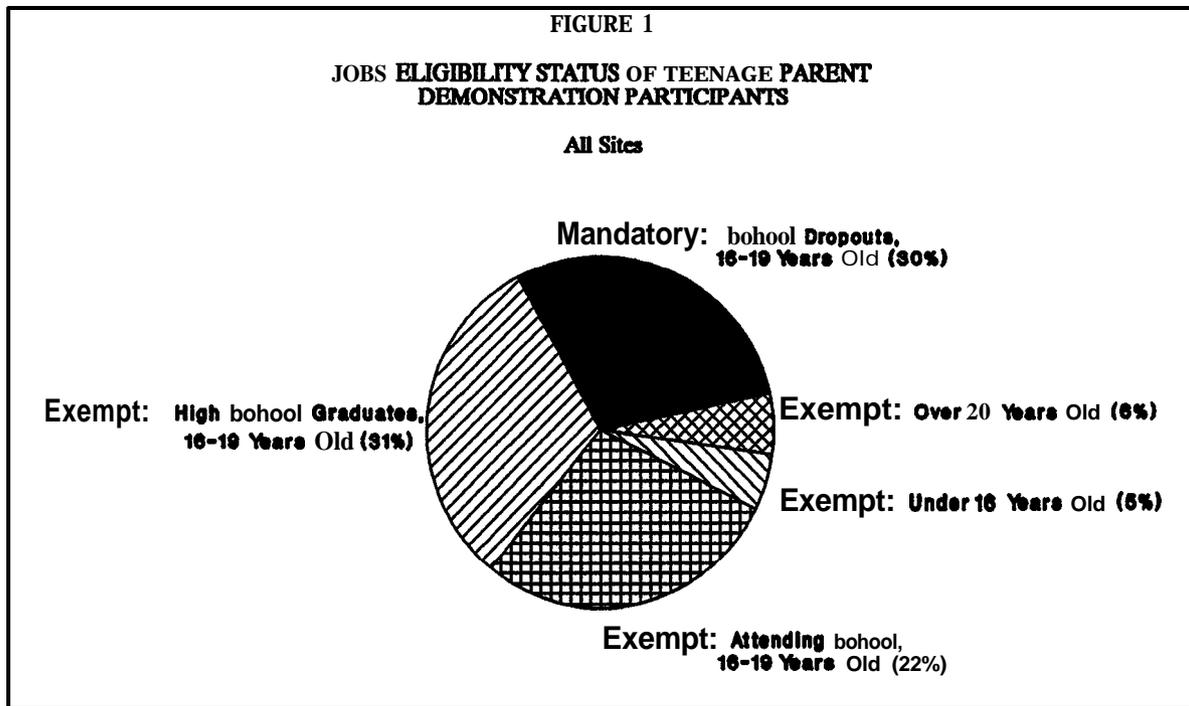
Teenage parents as defined for the demonstration constituted a relatively small proportion of the total flow of AFDC applicants, and teenage JOBS participants are likely to be as well. Over the period January-December 1988, teenage parents eligible for and referred to the demonstration comprised 6-17 percent of the total number of approved **AFDC** applications in the three sites. Since the criteria for mandatory participation in the JOBS program differ **from** the demonstration eligibility rules, the proportion of AFDC applicants who would have been referred under JOBS programs rules as teenage parents would have been different. One factor tended to make the demonstration referral rate lower than it would have been under JOBS rules; if the demonstration had not excluded teenage parents who had received assistance before or had more than one child, the number of referrals to the demonstration would have been somewhat **higher**.³ This

³Limited information is available on how many teenage parents were **not** referred to the demonstration because they fell outside demonstration eligibility criteria. Available data for the New Jersey sites suggest that referrals might have been **10-20** percent higher if teenage parents with a prior AFDC history or more than one child had been included.

factor, however, would probably not lead to higher referral **rates** in an ongoing program. In a steady-state program, the individuals “missed” in the demonstration would most likely have been enrolled earlier, when they began receiving AFDC for the first time with their first child.

Fewer Teenage Parents will be Mandatory JOBS Participants

JOBS rules would, on the other hand, have resulted in considerably fewer mandatory participants because of the exemption of the three groups defined above, although it is difficult to say by exactly how much, since some would have been initially exempt under JOBS rules but become mandatory participants later. The way in which these factors would have initially exempted demonstration participants is shown in Figure 1. Five percent of the demonstration participants initially would have been



SOURCE Baseline forms completed in the demonstration program offices.

exempt under JOBS rules because they were younger than 16 when they began receiving AFDC with their child. Those who remained on assistance to the age of 16, however, would have become subject to JOBS rules, so this factor probably has limited implications for estimating the **size** of the teenage JOBS population. An additional 29 percent of demonstration participants would have been exempt because they were still attending high

school; some of these, of course, would have subsequently become subject to JOBS requirements if they dropped out of school. About 31 percent of demonstration participants would have been exempt from JOBS because they had a young child and already had a high school diploma or **GED**.⁴ As their children age past the three-year limit (or a lower limit that might be set by a state), some of this group would also become subject to JOBS requirements if they continue receiving **AFDC**.

Based on their status at demonstration intake, it appears that more than two-thirds of the demonstration participants would not have been immediately subject to JOBS participation requirements. Given the ways in which each category of demonstration participants who would have been exempt from JOBS requirements might eventually have become subject to them, it is difficult to estimate precisely how many would have been eventually referred to JOBS in the demonstration sites. Assuming, however, that approximately half might have eventually become subject to JOBS rules, we would estimate that in these three sites, teenage parents would have constituted 4-11 percent of the total number of AFDC applications. Voluntary participation by teenage parents who are attending school or have completed high school could, of course, have raised this rate closer to the observed demonstration rates. Nevertheless, it is clear that although serving teenage parents is an important element of a strategy to prevent long-term dependency, services designed especially for them are likely to address a small segment of the AFDC population.

JOBS Rules will Hamper Efforts at Early Intervention

The effect of the definition of JOBS program exemptions is to make it unlikely--for two-thirds of all teenage parents newly receiving AFDC--that a goal of prompt referral and program **enrollment** can be achieved. Later analysis in the demonstration evaluation should indicate whether teenage parents who would have been initially exempt from JOBS--those who were in school, or had high school diplomas--were less at risk of continued dependency, repeat pregnancies, and other negative outcomes than those who would have been subject immediately to JOBS requirements.

The demographic characteristics of the teenage parents in the demonstration sites, as derived from their baseline intake forms, reveal some of the problems they must overcome and the service challenges faced by the programs. Given the population definition differences described above, the teenage JOBS population is likely to have somewhat different demographic characteristics, but is likely to pose similar program demands:

⁴**Virtually** all of these participants would have qualified for exemption based on the age of their children at the time the participants enrolled in the demonstration; 80 percent of participants' children were less than one year old at **enrollment** in Camden and Chicago, and 67 percent in Newark.

- o The demonstration participants are very young parents. The average age of the teenage parents at **enrollment** in the demonstration sample was 17.4 years in Camden, 17.9 in Newark, and 18.1 in Chicago. The portion of the sample less than 16 years old at enrollment was 10.0 percent in Camden, 5.2 percent in Newark, and 3.2 percent in Chicago.
- o Many teenage parents on AFDC are likely to be in school. Over 43 percent of demonstration sample members in the three sites were attending school at the time of intake--most in high school, but in some cases schooling or training beyond high school (46.3 percent in Camden, 40.1 percent in Newark, and 48.7 percent in Chicago). A major focus of the demonstration program design, therefore, was to help teenage parents **stay** in school. Although JOBS rules exempt teenage parents who are attending full-time school or training, many who have dropped out will be required to reenter an educational program of some sort; program support to remain in school will figure heavily in required services.
- o The teenage parents had weak basic educational skills. Overall reading and math skills measured by the Test of Adult Basic Education (TABE) were at average grade equivalent levels of 7.3 and 7.6 respectively in Camden, 7.5 and 8.0 in Newark, and 8.2 and 7.7 in Chicago. About **55-60** percent of the demonstration participants in all sites had reading scores below 8th grade level, the minimum level often required for participation in JTPA job training courses, and **30-40** percent had scores below 6th grade level. Even among those who had completed 12th grade or more, many had reading scores below 8th grade level: 39.8 percent in Camden, 44.3 percent in Newark, and 30.5 percent in Chicago.
- o For many, being on welfare, and being a teenage parent, continue family patterns. Two-thirds of the New Jersey participants, and 55 percent of the Chicago participants, reported that they had been on AFDC at some time with their mothers when they were growing up, and about two-thirds in all sites reported that their mothers had had their first child before the age of 20.
- o Many of the teenage parents have left their parents' homes. About half of the participants in all sites were not living with either parent when referred, although many shared housing with other relatives or friends. Even among those less than 18 years old, close to or even more than half were not living with a parent (57 percent in Camden, 42 percent in Newark, and 45 percent in Chicago).

IDENTIFYING ELIGIBLE TEENAGE PARENTS

In contrast to many small-scale, voluntary programs for teenage parents, the intent of the Teenage Parent Demonstration--and of provisions of the adolescent parent provisions of the Family Support Act--is to serve all teenage parents who meet program criteria. These programs must therefore incorporate systematic, reliable procedures for identifying the appropriate teenage parents, notifying mandatory participants of the first program activity required of them, and offering other eligible teenage parents the opportunity to volunteer for services.

Several factors complicate the identification and referral process. Having income maintenance workers identify and refer eligible teenage parents requires adding still another decision function to often overburdened staffs, and supervision and monitoring to ensure consistent application of policy. Computer-based identification, on the other hand, may be hampered by the way in which case and individual data are recorded in the public assistance files. Both approaches were tried in the Teenage Parent Demonstration.

Under manual procedures, **IM** workers identified eligible teenage parents at the time they approved a new application or added a child to an existing case. The workers completed a referral form for the teenage parent, informed her **briefly** about the program and the importance of responding to the call-in letter that would be received, and sent copies of the referral form to the demonstration office and the evaluation contractor. Demonstration site staff then prepared and sent call-in letters instructing the identified teenage parents to attend a baseline intake session at an appointed time.⁵

Under the automated procedures, monthly listings were generated from the public assistance computer files of newly approved teenage applicants and case changes involving additions of children who appeared to be offspring of teenage minors included in the case. State or site staff reviewed these lists to eliminate individuals who did not meet demonstration eligibility criteria and then prepared call-in **letters**.⁶

Experience with the manual and automated procedures for identification of teenage parents led us to five conclusions about the identification process: (1) early identification and referral are desirable; (2) manual identification requires attention to case detail; (3) manual identification procedures require strong quality control; (4) automated identification requires detailed

⁵The intake session was used to collect detailed baseline information and conduct basic skills testing on all sample members, and then to divide intake participants randomly into program and control groups. Program group members were then given appointments for their first program activity, in most instances a group workshop.

⁶These procedures were thus in fact only **partially** automated: **computer** records did not contain detailed enough data to support definite **identification** of teenage parents eligible for the demonstration, so manual review of computer listings was still necessary.

coding of family relationships; and (5) manual identification procedures provide an opportunity to motivate clients.

Early Identification and Referral are Desirable

Demonstration program staff agree on the value of enrolling teenage parents in the program as early as possible after (or even, ideally, before) the birth of their children.' Early intervention maximizes the chances of helping new teenage parents who are still in school or have only recently left school to remain in or return to school, and can promote their utilization of prenatal or perinatal care and development of parenting skills. Whether procedures for identification are manual or computer-based, they should be designed to identify teenage parents immediately upon the addition of their child to the AFDC grant. It is therefore preferable to identify teenage parents using individual case events rather than by doing periodic reviews of the caseload or accumulated backlogs of case transactions.

For purposes of early identification and referral, manual identification by IM staff has a potential advantage, if performed reliably, because identification is not subject to delays in running or reviewing computer listings that identify eligible cases. The demonstration experience showed that the tasks of generating or reviewing computer listings of new teenage AFDC recipients sometimes slipped, with the result that weeks or even months might pass before call-in notices were sent. Whether manual or automated identification is used, emphasis should be placed on minimizing delay.

Manual Identification Requires Attention to Case Details

To ensure consistent identification of teenage parents, states will need explicit procedures for identifying the parent of all dependent child recipients. Identification of teenagers heading their own cases in most instances will occur naturally at application approval or redetermination in any screening process of the sort that will be commonly used for the JOBS program. Special attention must be paid, however, to identifying teenage parents included in their parents' AFDC cases. The way in which welfare agencies collect and record data on the relationships among case members typically focuses on the relationship of individuals to the case payee, and omits information on the relationship between other individuals. Manual identification requires careful determination of these relationships. Although an IM worker may be aware that there is a teenage parent included as a minor in an AFDC case, explicit data codes indicating this fact must be included in the computer case record if automated procedures are

'Although JOBS program requirements apply to young parents with children, other special programs for teenage parents may be available to teenagers receiving AFDC based on pregnancy in states that extend such assistance, or to pregnant teenage minors in their parents' AFDC cases.

to be used either as a backup or quality control review of the selection process.

Manual Identification Procedures Require Quality Control

Having **IM** workers identify teenage parents (or anybody who is to be referred to the JOBS program) can promote prompt referral, but steps must be taken to ensure that manual screening and identification are consistently performed. The demonstration experience illustrates the potential value of having IM workers identify cases for referral, but also the potential problems involved.

In one of the demonstration sites, a strong commitment of IM staff to referring teenage parents to the demonstration site made manual identification a workable, although not foolproof solution. Over the course of the demonstration, monthly reviews of the potentially eligible population of teenage parent applicants and case members indicated that IM workers identified and referred about 70 percent of the eligible cases. Demonstration program staff regularly reviewed listings from the state's public assistance data base to identify cases that had been missed by the IM workers. This secondary process naturally entailed some further delays in referral, at least until the process of entering case approval data to the public assistance data base had been completed. The overall delay, however, varied in length, depending on disruptions in the production of the listings, the availability of staff to review the listings, and competing demands for program staff's time.

The reliability of manual identification by IM workers in the demonstration was clearly affected by the special nature of the screening task it entailed. Although it is not unusual for IM workers to select and refer AFDC cases according to specified criteria (e.g.; to the WIN program), demonstration eligibility criteria were relatively complex. Moreover, these criteria required **IM** workers to identify and refer only some teenage parents. r e f o r e not surprising that implementing manual identification by IM staff **was** quite difficult in two sites, and remained subject to some error even in the site where it was the primary method of identification.

Manual identification can be more consistent, however, if implemented under procedures suitable to an ongoing JOBS program that must identify and serve a wider spectrum of AFDC recipients. When a broad range of AF'DC applicants is being identified for referral to JOBS--and not just teenage parents--procedures can be designed which require **all** case actions (approval, redetermination, or change) to include an explicit indication of the IM worker's referral decision and classification of the case (with regard to target group status, and deferral or exemption decisions).

Automated Identification Requires Coding of Family Relationships

As suggested earlier, more specialized procedures are needed for identification of “minor mothers” who are dependent children in an AFDC case; these procedures may be used either to monitor the consistency of manual identification, or as a basis for computerized identification as a primary method. In three-generation households on **AFDC**, public assistance files typically record the relationship of each individual to the case payee; standard relationship codes may thus not identify teenage minor parents or link them to their children. Special data fields are necessary to link minor teenage parents to their children, and system input edits can be constructed that require entries to these fields for children who are not the child of the case payee, indicating **which** (if any) other member of the case is the child’s parent. Understanding the relationships among case members is a necessary part of the **IM** worker’s job, and clearly necessary if manual identification methods are to work. Requiring entries to data base fields to record these relationships can provide a basis for monitoring manual referrals, or for a more computer-based primary identification process.

Manual Identification Provides an Opportunity to Motivate

If teenage parents (or others) are identified for referral by IM workers as a result of their direct interactions, the **IM** staff have an opportunity to provide information about the program. The JOBS regulations require that they do so. The manner in which information is provided, however, can contribute to or detract from the goal of promoting the motivation to take the required initial steps into the program. If IM workers have reservations about the program services available or the requirements the program imposes, or are poorly informed about the program, the information they provide may weaken rather than strengthen the response of referred teenage parents.

An important decision in the design of the identification/referral process, therefore, is whether IM workers should play an important role in providing orientation and motivation, or should be expected only to perform case identification and provide basic information on the program to satisfy the requirements of the JOBS regulations. If IM workers are going to be relied on to promote motivation and initial program attendance, they must be carefully trained, kept well informed of the development of program services, and given clear guidance on how to convey the mandatory nature of the program.

PROMOTING PARTICIPATION FROM **THE START**

After teenage parents were identified as eligible for Teen Progress or Project Advance, site staff mailed notices to them instructing them to attend a baseline intake session about a week later. This session was used to collect baseline **information** and conduct basic skills testing, for program

evaluation purposes and for use by program staff in assessing participants' needs. The baseline intake session was the first occasion on which the teenage parents were expected to respond to a program requirement, and the first opportunity for them to be exposed to program staff and introduced in detail to the program. Although the intake session was conducted with groups, as the first required attendance at a program activity this initial session corresponds to the initial evaluation session to which AFDC recipients are to be referred under the JOBS program.

The experience of operating these initial baseline sessions for the demonstration provides some lessons about two important aspects of the program "front-end." First, it underscores the importance of persistent efforts to bring teenage parents into the program. Second, it has provided guidance on ways of making this first meeting with teenage participants a productive beginning.

*Promoting Response to **Initial Call-In***

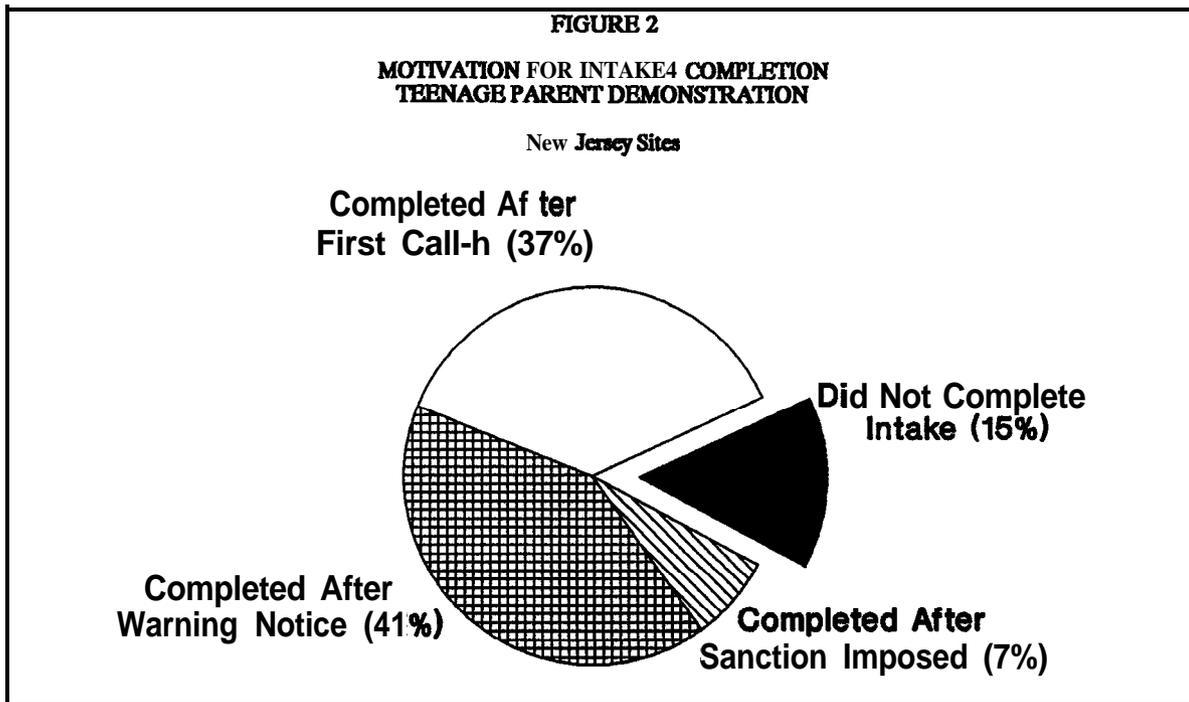
The Teenage Parent Demonstration has demonstrated that it is possible to achieve high rates of initial compliance with a mandatory program that offers education and training, case management, and support services to teenage parents who receive AFDC. The demonstration sites succeeded in enrolling 79-92 percent of the eligible teenage **parents**.⁸

These eventual rates of intake completion were achieved only after persistent efforts by demonstration staff. As Figure 2 shows (for the New Jersey sites), sending repeated call-in notices warning of the possibility of sanctions, and actually imposing sanctions if necessary, were important factors in achieving high intake compliance rates. Only 44 percent of those called in for intake in Camden, and 32 percent in Newark, attended the first intake **appointment**.⁹ Teenage parents who failed to appear at a first intake appointment were usually sent warning notices within a few days setting a new appointment for the following week, although procedural difficulties sometimes prevented this from happening that promptly."

⁸**These** rates are based on eligible teenage clients referred to the demonstration through December 1989, and include all intake completions through early February 1990, as recorded in the sites' case tracking systems.

⁹**Data** from the Chicago case tracking system indicate that 75 percent of all teenage parents called in for intake attended the first appointment, but there is some indication that information on the use of sanction warning notices entered to this system is incomplete. Earlier staff estimates indicated that only about half of all those called in attended their first appointment.

¹⁰**In** the New Jersey sites, clients who failed to respond to the first call-in notice were sent a second call-in notice, followed if necessary by a "case conference" appointment letter. If the client did not respond to this sequence of notices, the case was referred to the IM worker for imposition of a sanction. In Chicago, clients were sent just two call-in notices before the case was referred to the IM worker for sanction.



SOURCE: Teen Progress Management Information System.

Sanction warning notices promoted further response; 76 percent of Camden teenage parents who did not attend the first appointment responded to one of the following warning notices and completed intake, as did 57 percent in Newark. The combination of the first call-in notice and subsequent sanction warning notices raised the rate of intake compliance to 86 percent of all eligible referrals in Camden, 71 percent in Newark and about 80 percent in Chicago.

If referred teenage parents did not respond to repeated call-in notices to attend intake, Case Managers sent requests to the appropriate IM staff to impose a sanction; the AFDC grant was reduced by removal of the teenage parent's needs from the benefit calculation. Imposing sanctions raised the rate of intake compliance slightly further. In Camden, intake-related sanctions were imposed on about 7 percent of the eligible teenage parents; most responded and completed intake, raising Camden's overall intake completion rate to 92 percent. In Newark, intake-related sanctions were more common but less effective; they were imposed on 22 percent of all eligible participants, reflecting the lower rate of response to initial call-in and warning notices. However, only about a third of the 22 percent responded, raising the intake completion rate in Newark to 79 percent. In Chicago, intake-related sanctions were imposed on 9 percent of eligible referrals; a little over half responded, leading to an overall compliance rate of 85 percent.

Although all the sites were able to achieve quite high rates of initial compliance, the lower intake completion rate in Newark provides a useful illustration of the importance of systematic adherence to procedures for call-in, sanction warning, and sanctions in a program designed to be mandatory. The Newark site encountered difficulties through most of the operations period in instituting systematic and reliable Income Maintenance unit procedures for imposing sanctions on non-compliant participants. Sanctions were in some cases requested, but either not imposed or imposed after substantial delay. Although the Newark site imposed a high rate of sanctions, many were imposed after long delay. Prompt and systematic tracking of intake response would probably have resulted in still more sanctions, and possibly in a higher rate of intake compliance. When tighter monitoring and sanctioning procedures were worked out between the demonstration staff and the local welfare agency, actions on overlooked cases in the fall of 1989 raised the cumulative rate of intake completion by about 6 percentage points.

The particularly high rate of intake compliance achieved in Camden, according to program staff, may have been promoted by the convenience of the demonstration office. In Camden the demonstration office was only a block from the Income Maintenance offices, whereas at the other sites the two offices were at substantial distances. Camden staff believe that the conveniently close locations of the two offices made attendance at the intake session more manageable for the teenage participants, who were already practiced in **finding** their way virtually to the door of the demonstration program office.

Despite the persistent and often protracted efforts required to bring teenage parents in for the first program contact, and initial sensitivities about imposing sanctions, program staff have concluded that enforcement of the mandatory participation requirement is an important element of helping the target population. Focus groups with participants, and staff reports, have consistently highlighted examples of teenage parents who were initially very reluctant to enter the program and resisted, but who became enthusiastic and grateful participants once they became acquainted with program staff, the available services, and the opportunities the program could open up for them

In addition to adopting a policy of mandatory participation and procedures for adhering to it, other program practices can help to reduce obstacles to intake attendance. Program staff have described the following program features **that help to promote attendance at intake:**

- o Accommodating teenage parents' school schedules. About **40-48** percent of the demonstration participants in the three sites were attending school at intake. Although school attendance is grounds for JOBS exemption, states may still wish to promote voluntary participation of teenage parents who are in school.

Initial program contacts with teenage parents still attending school can be promoted in several ways:

Some initial sessions can be scheduled in the late afternoon after school hours (although site staff hesitate to use this approach in winter months when participants would have to return home in darkness, and union work rules may affect the feasibility of this approach).

When referred teenage parents fail to show up for their first appointment and contact the staff, subsequent appointments can be scheduled with consideration for their current school schedules. For example, in some instances participants who did not want to miss school were rescheduled for intake during a school vacation, even if this meant a longer delay than implied by the schedule of weekly intake sessions.

Contacts with school officials can be made to arrange for treatment of attendance at the program as an excused absence.

- o Providing on-site child care. The demonstration intake session entailed extensive data collection and basic skills testing--activities which correspond to aspects of the assessment process that teenage parents will go through in the JOBS program. These activities require that the teenage parents be able to concentrate. All of the demonstration sites had some provision for watching participants' children--special child care staff and space, or less formal assignments of other staff--while they attended the initial session. Site staff found it useful to have **on-site** care arrangements, because instructing teenage parents **not** to bring their children to the initial session would create a simple excuse for not attending, and some teenagers would in any event ignore such instruction.

Program staff viewed on-site child care as particularly important with teenagers; they often were reluctant to leave their very young babies to attend intake. It may not be practical (or necessarily useful) to provide ongoing on-site care for all participants attending later stages of program activity, which may be conducted at dispersed locations, but some form of on-site care for people attending their first program appointment contact can at least promote initial entry to the program. The same on-site facility can be used by clients at later stages when they attend appointments or classes at the program offices.

- o Notifying the teenage parent's mother. For both legal and programmatic reasons, the demonstration sites sent two separate notices when the teenage parent was a dependent child in an AFDC case: one to the teenage parent, and one to the case head. Notice to the case head was required, since failure of the teenage parent to respond could lead to a reduction in the case grant. In addition, site staff reported that participants' mothers often played an important role in motivating (or undermining) the teenage parent's response and commitment to the program. Informing the participant's parent about the program, its requirements, and its services was thus an important first step in trying to gain the cooperation and support of the teenage parent's mother.

*Making **the Initial Program Contact** Productive*

When teenage parents appear for their **first** appointment with the program, they come with a variety of problems, strengths, and attitudes that can serve as a foundation for success in the program, or that must be overcome for them to participate in and benefit from the program. The first contact between the teenage parent and the program is an important first step; it can establish in the participant's mind a positive or negative perception of the program, and it can provide important information to program staff about the participant. The demonstration experience underscored the following important lessons.

- o Make initial meetings as informal and unbureaucratic as possible. Although intake staff made it clear that program participation was mandatory, they tried to make this statement part of a broader message that the participants can make something of their lives, and that program staff are going to help them do so. All three demonstration sites had pleasantly appointed offices separate from the welfare agency locations; this separation helped, in the longer run at least and possibly at the first meeting, to distinguish the program case management staff **from** the income maintenance staff, of whom many participants had pejorative views.
- o Use **group meetings** to break down isolation. Many teenage parents suffer from severe social isolation and lack of family or peer support. Group sessions at intake (and later), in the opinion of program staff, were useful in helping new participants begin to see themselves as having something in common with others, and to form supportive relationships with others.
- o Be clear about **appointments** for subsequent **program activity**. At the conclusion of the first program contact, program staff should be clear about expectations and promote rapid involvement in

the program. Rapid involvement in program activities is important, to maintain or stimulate motivation. Delaying program activities undermines participant commitment and involvement, according to program staff. Delays can be minimized if all new participants are given a definite appointment for some substantive program activity (e.g., workshops on parenting, nutrition, family planning) when they leave their intake session.

- o Make immediate assignments to case managers. Assignments to case managers should be made at the initial session, and if possible personal introductions should be provided to help establish relationships. Particularly for teenagers, it is important to stress that the program consists of people who can help, rather than a bureaucracy. If new participants are assigned and introduced to a case manager when they attend their first program session, there may be a better chance of getting them to view the program from the start as a source of help rather than a faceless bureaucracy.

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